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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/934,868 08/22/2001 PAT 6,689,601
 which claims benefit of 60/229,858 09/01/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DE	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

High growth methanotrophic bacterial strain

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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☐ 1.18 Fees (Issue)☐ Other☐ Credit